10020213943

FEC FORM 1

STATEMENT OF ORGANIZATION

O APR 15 PM 4: 17

_		(See instructions)				·	Office use only	
1.	NAME OF COMMITTEE (in 1	full)	(Check if naming is changed)		mple: If typying, type r the lines	12FE4M5		
L	Friends of Max	Вачсив		шш	11111	<u> </u>		
Ц		بببب		ــــــــــــــــــــــــــــــــــــــ				
ADDRESS (number and street)								
П	(Check if address is changed)							
ii	is simily		telena			MT	59624 - 1	
				CITY	•	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
	(Check if address is changed)	L	olly@campaig	ncompliance	e.net		لتستستست	
		L		ш				
COMMITTEE'S WEB PAGE ADDRESS (URL)								
	T (Check if address http://www.maxformontana.com							
Ц	is changed)							
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00328211								
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer Chris Montague								
Signature of Treasurer Electronically Filed by Chris Montague Date Date Date Date Date Date Date Dat								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
	Office Use Only				For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	